

Name
in
Full

Gertrude Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

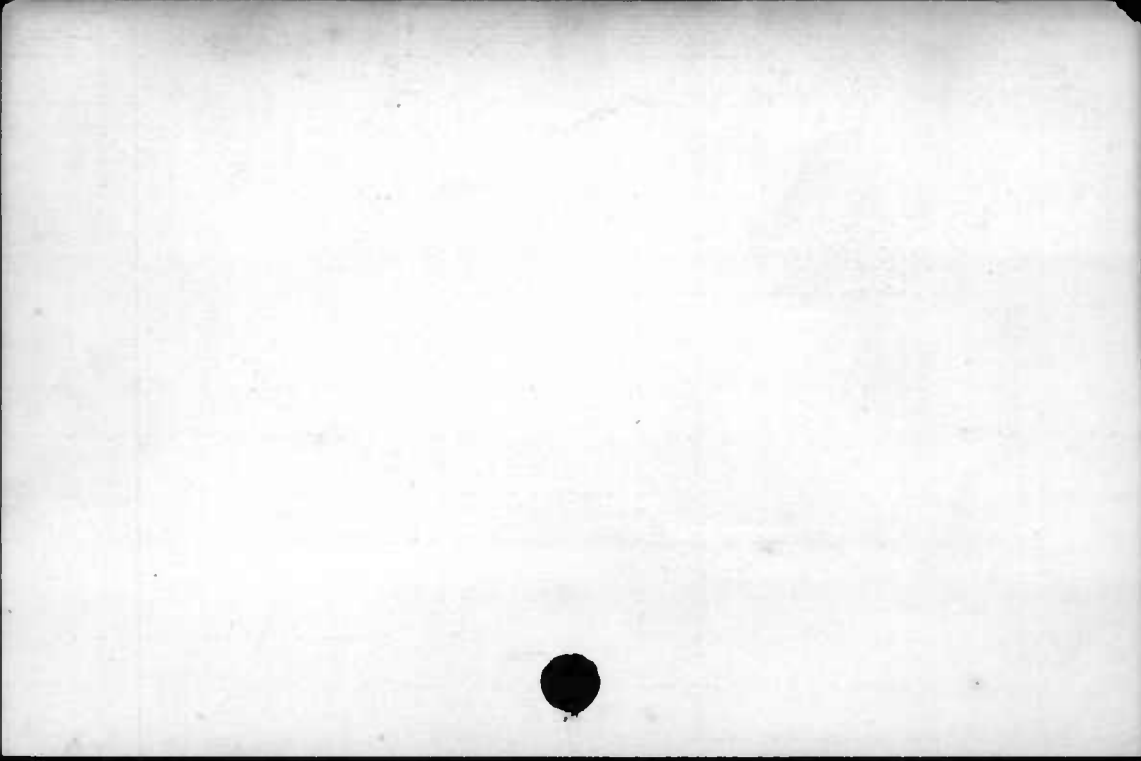
MARYLAND

Died at near <i>Paytonville</i>		Town <i>Montgomery</i>		County	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>14</i>	Age <i>1</i>	Months <i>5</i>	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Seymour P Addison</i>			Father's Birthplace <i>Montgomery Co</i>		
Mother's Maiden Name <i>Donia McAbee</i>			Mother's Birthplace <i>Montgomery Co</i>		
Name of person giving information <i>Seymour Addison</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>10 days</i>
Immediate <i>Menigitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Dyson</i>
	Address <i>Paytonville Ind</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Thos. J. Brabham

Died at *Bertuda*

Town

County *Montgomery*

County

MARYLAND

Date *1906* *2* *23* *42* Y. M. D. Native of *Virginia* Occupation *Farmer*

Male White Married ~~Widow~~ Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*

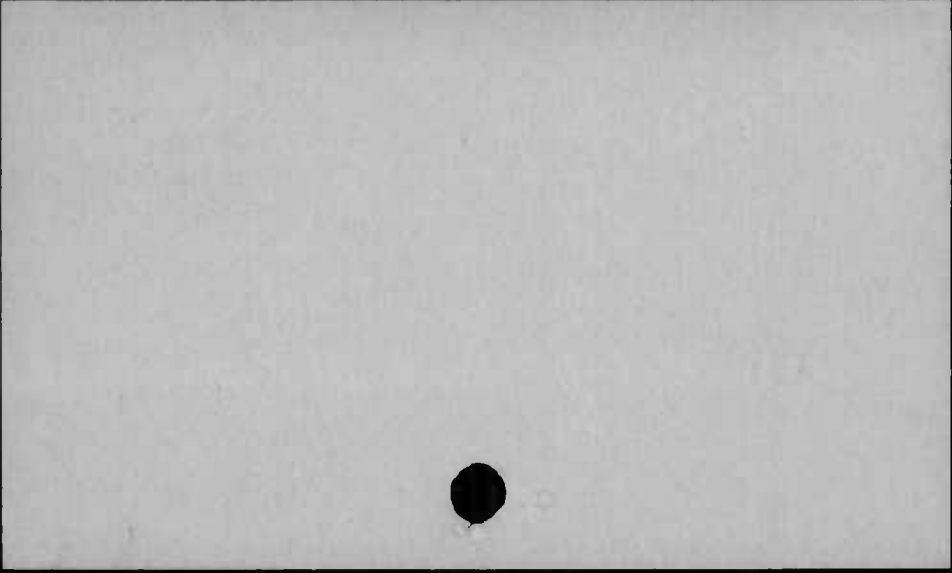
Husband of *Cora Brabham*
 Wife
 Father's Name
 Mother's Name

Cause of Death { Primary *Pneumonia* Immediate *Heart Failure* } How long sick *12 days*
 (93) Accident, Suicide, Homicide

Reported by *John L. Lewis, M.D.*
 Address *Bertuda, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
In
Full

Sadie Brogdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} UnityCounty ^{County} Montgomery

MARYLAND

Date of death 1906 February

Day 15

Age Years 2

Months

Days

Sex Female

Color or Race Colored

Birth-place Sandy Spring Md

Occupation

Where Residing if not at place of death

Unity

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Charles Brogdon

Father's Birthplace Brookville

Mother's Maiden Name Mary Eliza Askins

Mother's Birthplace "

Name of person giving information Mary Eliza Askins

How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infantile Convulsions. Probably Epileptic

How long 1 1/2 years

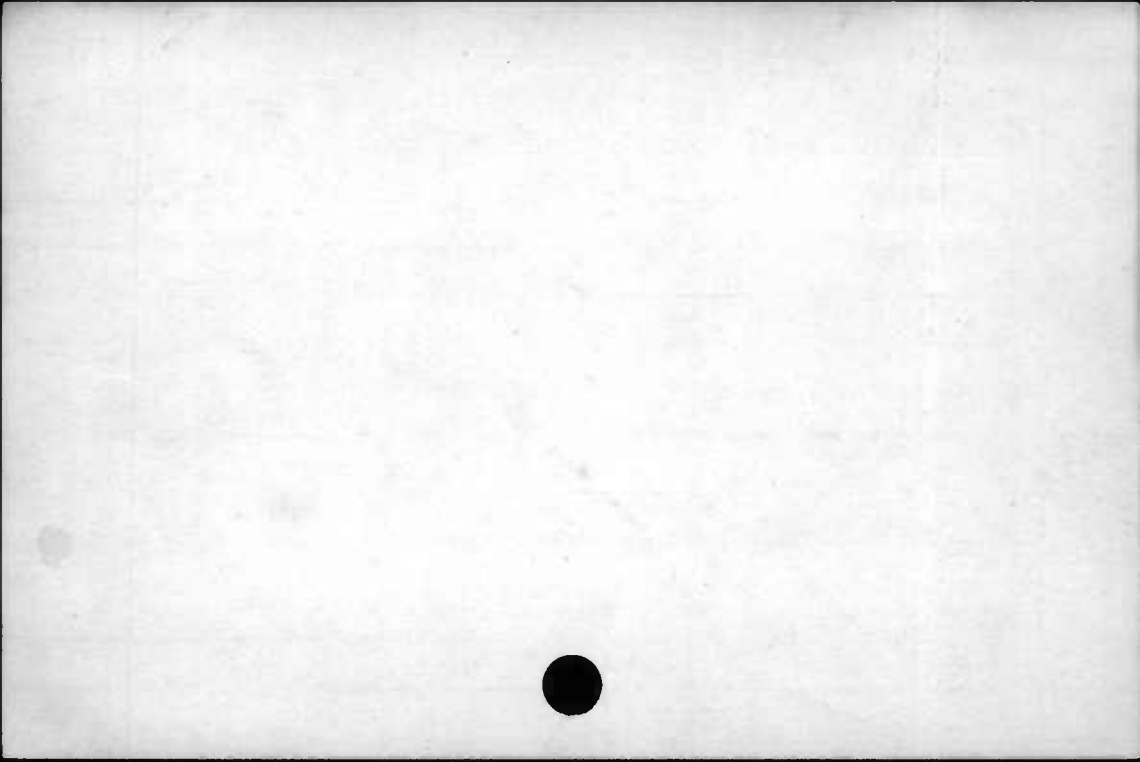
Immediate "

Are the name, age, sex, color, date and place correctly given above? Yes

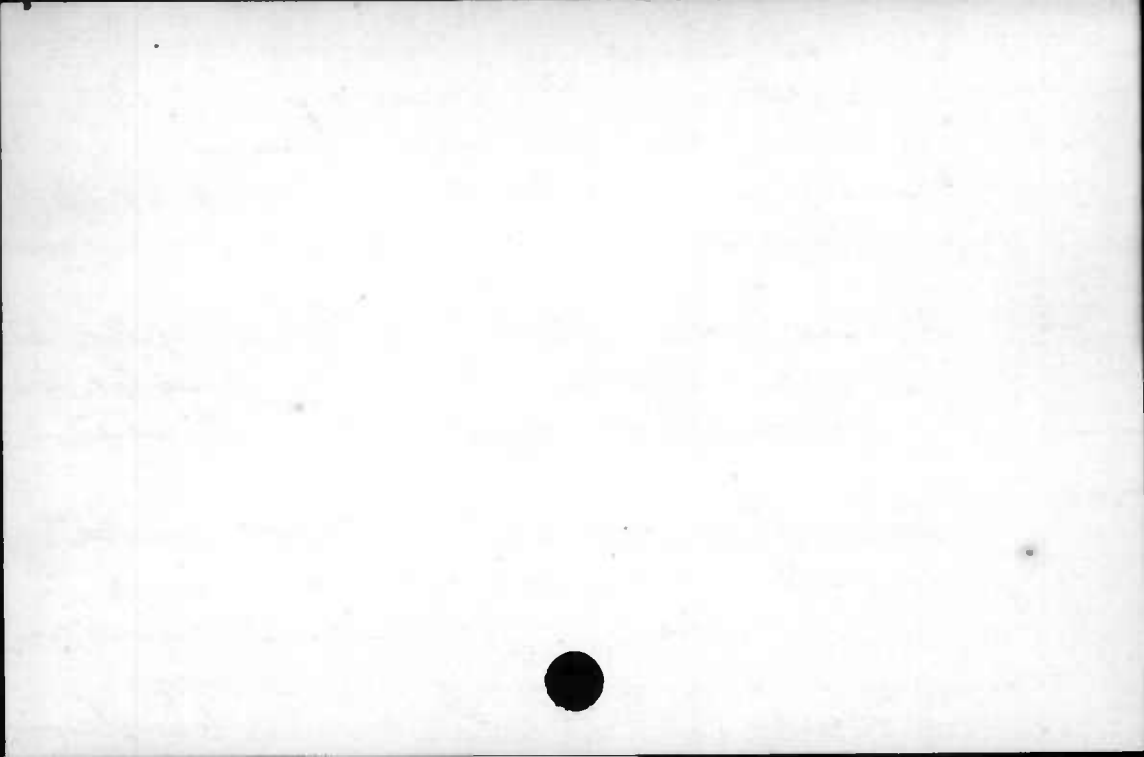
Signature of Physician Aug Stabler

Address Brighton, Md.

Accident or Suicide?



Name in Full		Samuel Butler				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Martinsburg		County		MONTGOMERY			
	Date of death		1906 February		Day 8		Age 76			
	Sex		Male		Color or Race		negro			
	Occupation		Soldier		Birth-place		Md			
	Where Residing if not at place of death		Martinsburg Md							
	Married, Single or Widowed		Single							
PHYSICIAN OR CORONER	Name of Wife or Husband		Kate Butler							
	Father's Name		Don't know				Father's Birthplace		Md	
	Mother's Maiden Name		Hannah				Mother's Birthplace		Md	
	Name of person giving information		Henry Lester				How related to deceased		Sister Law	
	CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Brights Disease				How long		3 months	
	Immediate		Sudden				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		R. J. G. Sub-reg	
	Address		Poleville				Md			
Accident or Suicide?										



Name
in
Full

Marie Elizabeth Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Laytonsville</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death 1906	Month <i>Feb.</i>	Day <i>26</i>	Years	Age <i>One</i>	Months <i>Eleven</i>	Days			
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>						
Married, Single or Widowed <i>Single</i>		Occupation							
Name of Wife or Husband									
Father's Name <i>Thomas John Carter</i>					Father's Birthplace <i>Montg. Co. Md.</i>				
Mother's Maiden Name <i>Annie Chase</i>					Mother's Birthplace <i>Montg. Co. Md.</i>				
Name of person giving information <i>Thos. John Carter</i>					How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>The whooping Cough</i>	How long <i>Two months.</i>
Immediate <i>Bacterial Pneumonia</i>	How long <i>Four days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguehan,</i>
	Address <i>Olney,</i>
	<i>Maryland.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

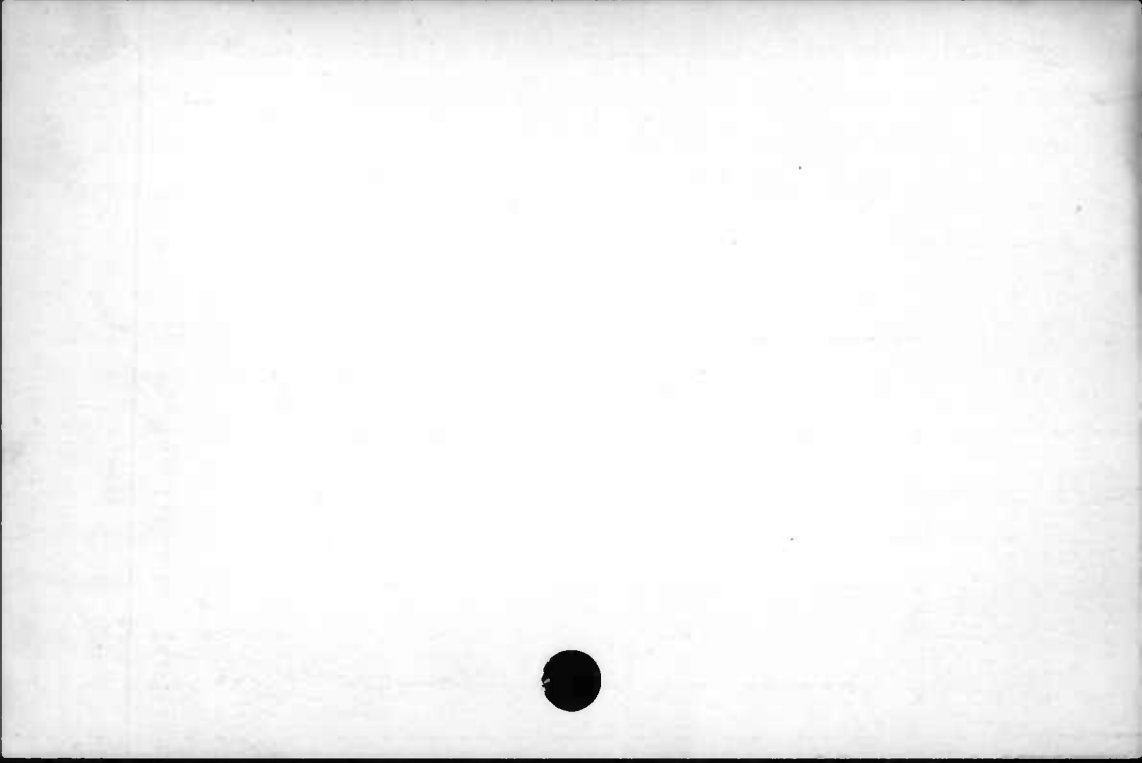
MARYLAND

Died at <i>Forest Glen</i> ^{Town}		<i>Montgomery</i> ^{County}			
Date of death	<i>1906</i>	Month <i>Feb</i>	Day <i>20</i>	Age <i>Years</i>	Months <i>3 days</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birthplace <i>Forest Glen</i>		
Occupation <i>✓</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>Abraham Chambers</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Carnie Williams</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Carnie Williams</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Defective Heart</i>	How long <i>since birth</i>
Immediate <i>Inanition</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>✓</i>	



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND	Died on		near Rockville		Montgomery		MARYLAND	
	Date of death	1906	Month	2	Day	25	Age	40
	Sex	Male		Color or Race	Colored		Birth-place	Maryland
	Occupation	Laborer			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Addie Cooper			
	Father's Name	Samuel Cooper			Father's Birthplace	Virginia		
	Mother's Maiden Name	Don't know			Mother's Birthplace	Maryland		
	Name of person giving information	Addie Cooper			How related to deceased	Wife		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	Two months	
	Immediate	Hemorrhage of the lungs				How long	Five minutes	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					Rockville, Md.			
Accident or Suicide?								



Name

In

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Louis Brown</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Rockville</i>		Month <i>2</i>		Day <i>16</i>		Age <i>7</i>	
Date of death <i>1904</i>		Month <i>2</i>		Day <i>16</i>		Years <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>3</i>	
Occupation <i>None</i>		Where Residing if not at place of death				Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Richard Brown</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Reuben Pumpfery</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

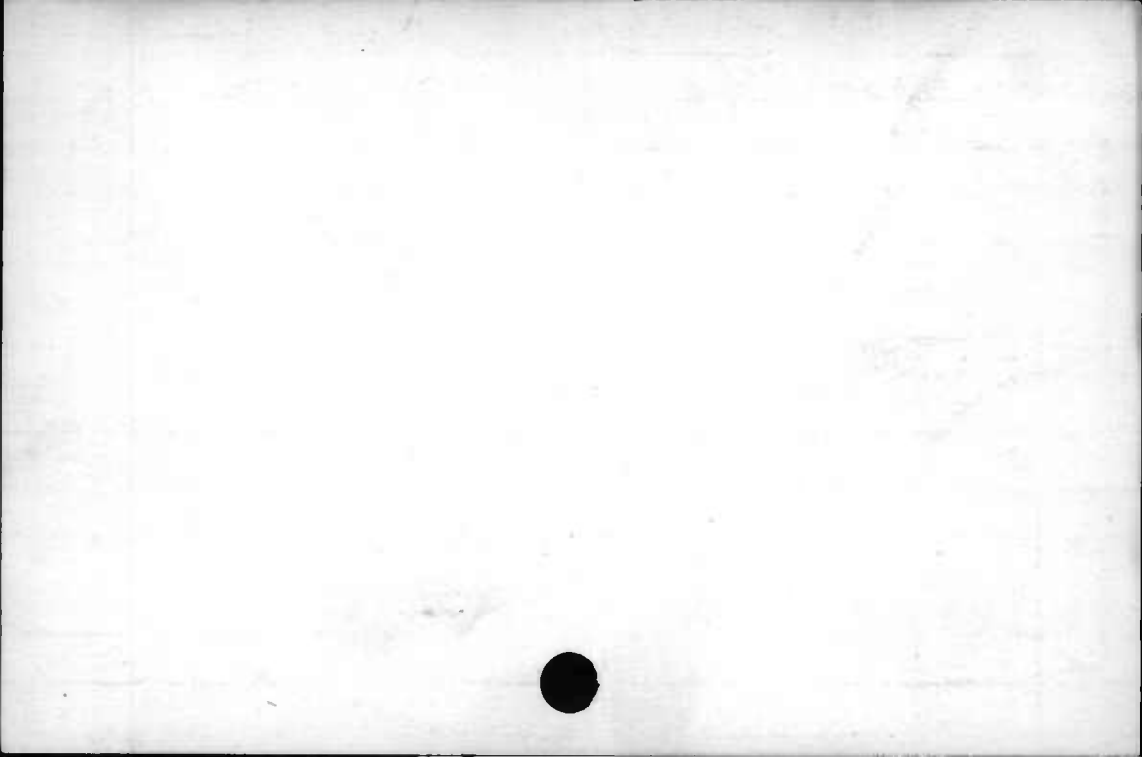
PHYSICIAN
OR CORONER

Primary <i>Exposure</i>	How long <i>—</i>
Immediate <i>Pneumonia</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville Md.</i>
Accident or Suicide?	



Name in Full		Dorsey -				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Washington Grove		Montgomery		MARYLAND	
	Date of death	1906	Month	2	Day	17	Age	
					Years	-	Months	
						-	Days	
						-	11	
	Sex	Male		Color or Race	Colored		Birth-place	Md.
Occupation	-		Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband					
Father's Name	Walter Dorsey					Father's Birthplace	Md.	
Mother's Maiden Name	Betty Gilmore					Mother's Birthplace	Pa	
Name of person giving information	Wm L. Gilmore					How related to deceased	Grandfather	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Broncho Pneumonia					How long	3-
	Immediate	10 minutes					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
					Gaithersburg Md.			
Accident or Suicide?								

92



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Mrs Marian V. Duwall</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Claygetttsville</i>		Town <i>Claygetttsville</i>		City <i>Montgomery</i>	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>3</i>	Age <i>60</i>	Years <i>60</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Mo</i>		Days <i>14</i>	
Occupation <i>Housewife</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Owen S. Duwall</i>				
Father's Name <i>Nickelous</i>	<i>Ray</i>		Father's Birthplace <i>Mo</i>		
Mother's Maiden Name <i>Don't Know</i>			Mother's Birthplace <i>Mo</i>		
Name of person giving In formation <i>F. A. Duwall</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary

Grapple & Scler. Incurable

How long

One week

Immediate

Cardiac Failure

How long

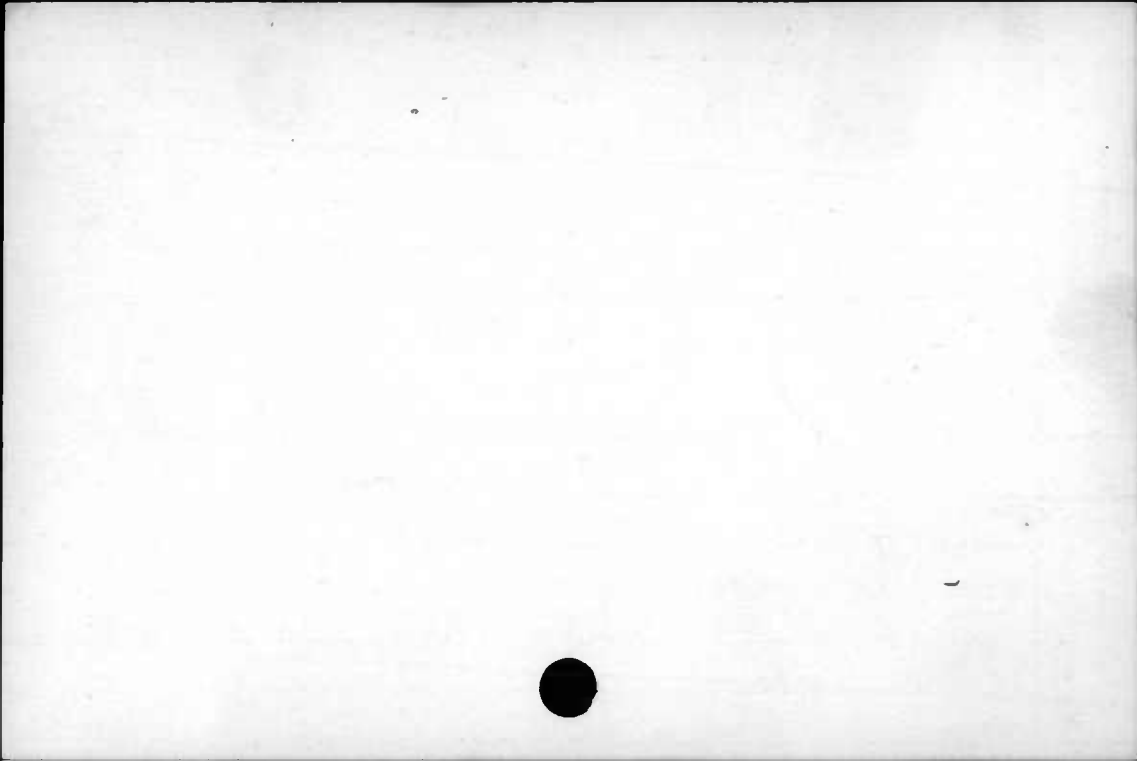
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*R. G. Ford M.D.*

Address

*Leopold
2nd*

Accident or Suicide?

*—*PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

James Estlin

Died at ^{Town} *Birtunda* ^{County} *Montgomery* *MARYLAND*

Date *1906* ~~189~~ Month *2* Day *11* Age *about 70* Y. M. D. *yo.* Native of *Ireland* Occupation *Iron Laborer*

Male ☒ White ☒ Married ☒ Divorced ☐ ☐ Number of children living *1*

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband
of
WifeFather's
NameMother's
Name

Cause of Death { Primary *Cerebral Paralysis* Immediate *"*

How long sick *1 day*

Accident, Suicide, Homicide ☒

Reported by

Address

John L. Lewis M.D.

Birtunda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 89988



Name
in
Full

Maraguet Glading

CERTIFICATE OF DEATH

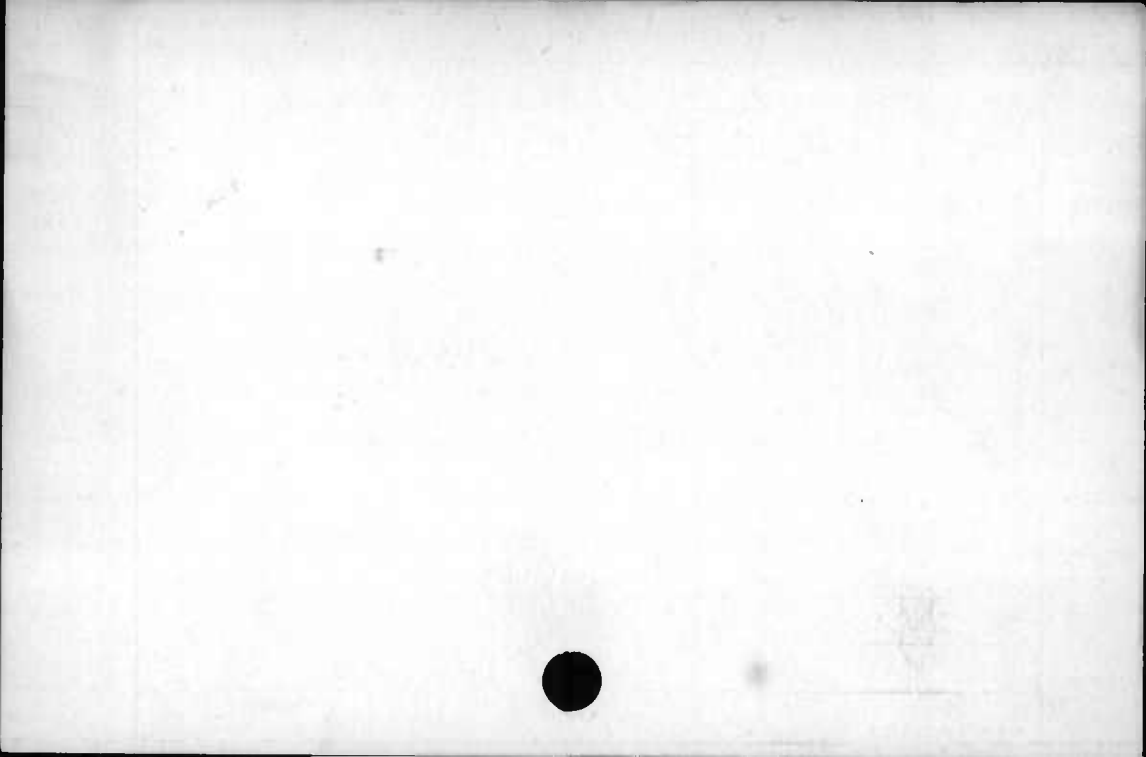
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death 190 <i>6</i> Month <i>Feb.</i>	Day <i>1</i>	Age <i>000</i> Years	Months <i>000</i>	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Takoma Md.</i>			
Married, Single or Widowed <i>single</i>	Occupation <i>none</i>				
Name of Wife or Husband _____					
Father's Name <i>Edward F. Glading</i>			Father's Birthplace <i>Phila Pa</i>		
Mother's Maiden Name <i>Charlotte Groezinger</i>			Mother's Birthplace <i>Phila Pa</i>		
Name of person giving information <i>Edward F. Glading</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spina Bifida</i>	<i>(150)</i>	How long <i>since birth</i>
Immediate <i>Exhaustion</i>		How long <i>14 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Hennecke Md.</i>	
	Address <i>5634 Brightwood Dc.</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Harkness Hall

CERTIFICATE OF DEATH

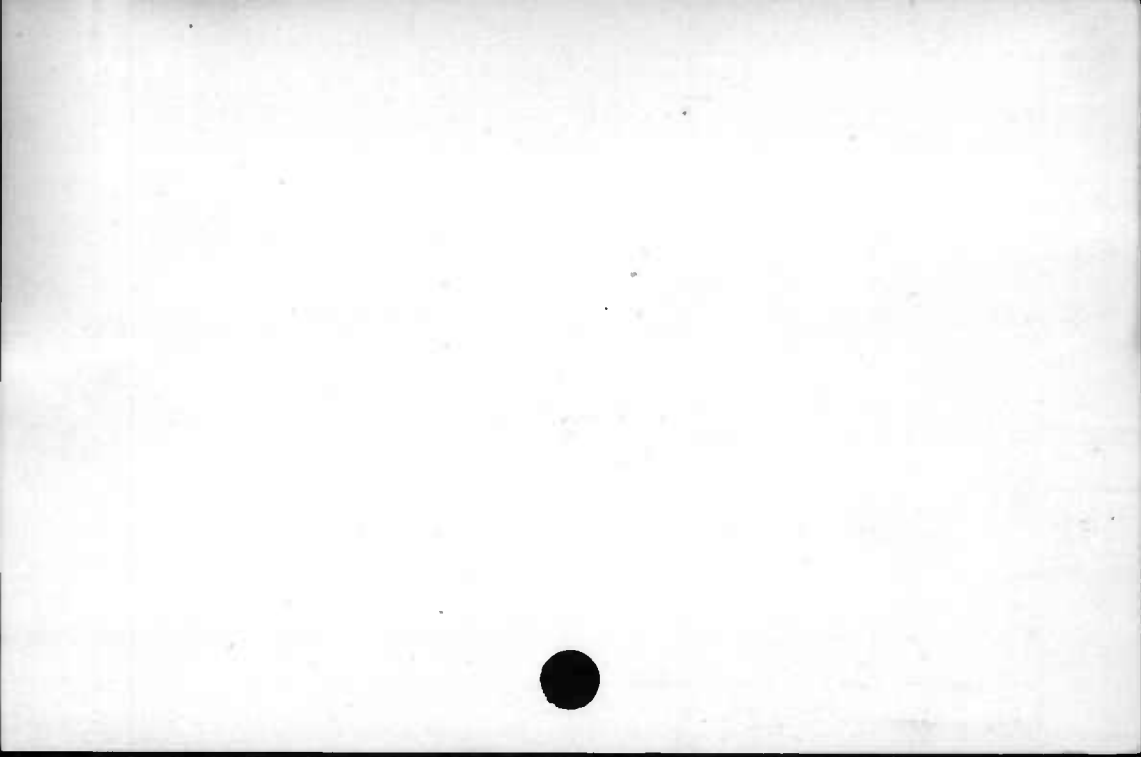
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barnsville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 190	<u>Feb</u> ^{Month}	<u>21</u> ^{Day}	Age <u>22</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Montgomery</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name <u>Nathan Hall</u>	Father's Birthplace <u>Montgomery</u>		Mother's Birthplace <u>Montgomery</u>		
Mother's Maiden Name <u>—</u>	Name of person giving information <u>Wm. Conley</u>		How related to deceased <u>not related</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Appendicitis</u>	How long <u>over day</u>
Immediate <u>Perforation of bowel - Peritonitis</u>	How long <u>two hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Hunsbrett</u>
	Address <u>Barnsville Md</u>
Accident or Suicide?	



Name in Full		Charlotte Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Norbeck		County Montgomery		MARYLAND	
	Date of death 1906	Month Feb.	Day 19th	Years 81	Months —	Days —	
	Sex	Female		Color or Race	Colored		
	Married, Single or Widowed	Widow		Occupation	Housewife		
	Name of Wife or Husband	William Johnson					
	Father's Name	Nace Butler				Father's Birthplace	Montg. Co. Md.
	Mother's Maiden Name	Elizabeth Butler				Mother's Birthplace	Montg. Co. Md.
Name of person giving information	Henry Johnson				How related to deceased	Son.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Old Age.			(66)	How long	about 2 weeks
	Immediate	Paralysis.				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Chas. Parquhar	
					Address	Olney. Md.	
Accident or Suicide?							



Name in Full

Certificate of Death

Kincheloe (Still born infant)

Died at

Town

Bethesda

County

Montgomery

MARYLAND

Date

1906

Month

2

Day

8

Y.

0

M.

0

D.

0

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Charles F. Kincheloe

Mother's

Name

Florence M. Kincheloe

Cause of

Primary

Fast Presentation

How long sick

Death

Immediate

Pressure on Cord

Accident, Suicide, Homicide

Reported by

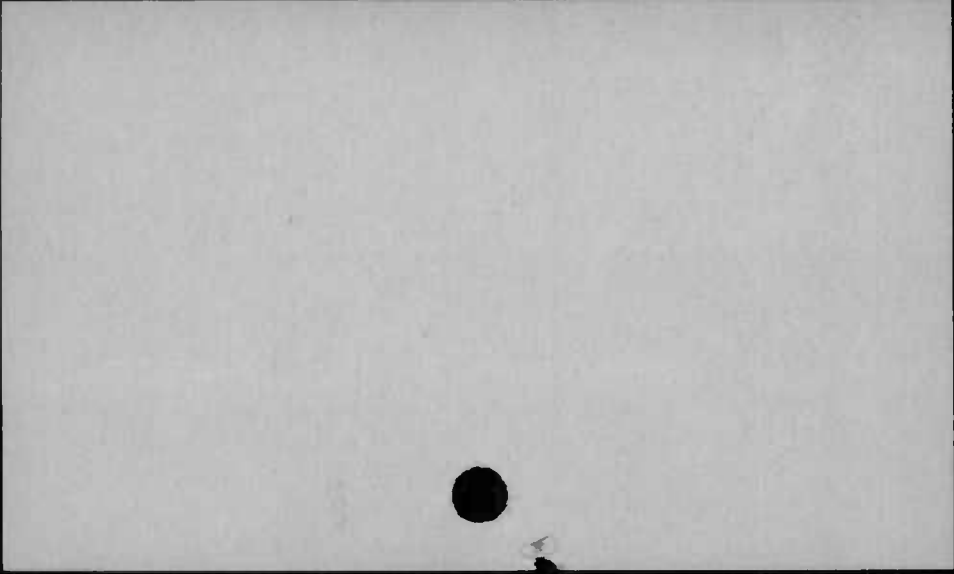
John L. Lewis, M.D.

Address

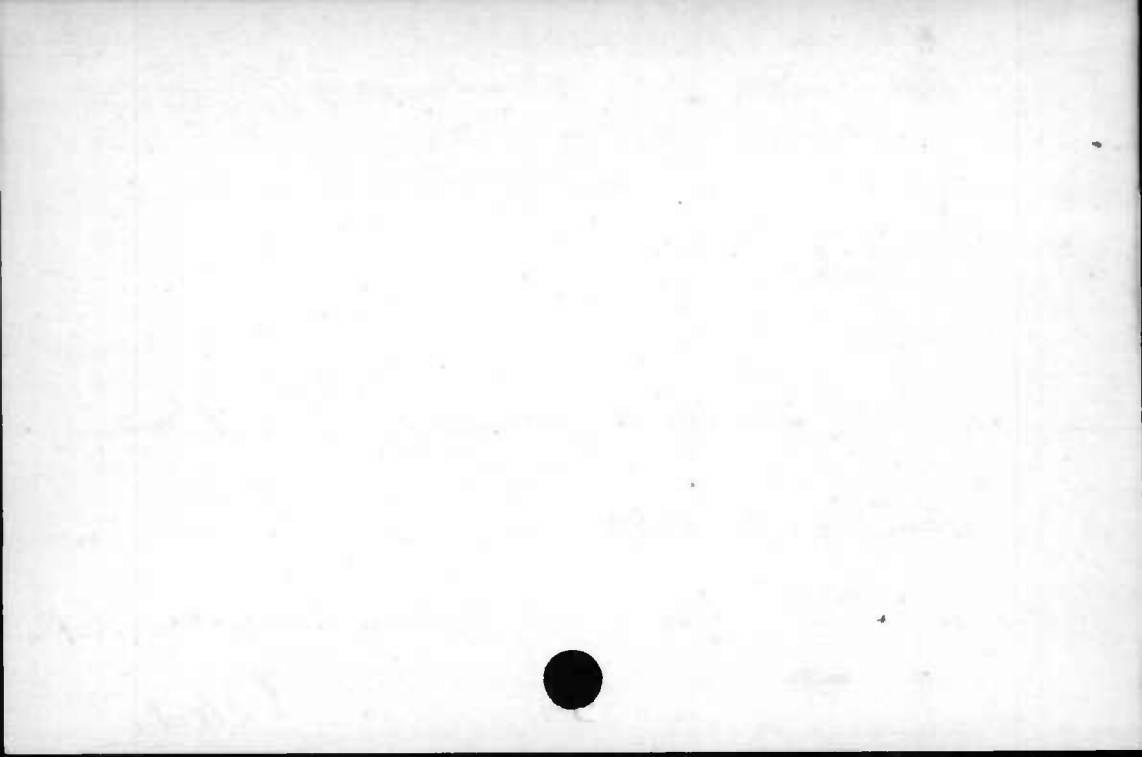
Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65568



Name in Full		Chas A McPherson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Diad at		Town Podleville	County Montgomery		MARYLAND	
	Date of death		1906	Month February	Day 26	Age Years 22	Months 8 Days 23
	Sex		Male		Color or Race		Black
	Occupation		Laborer		Birthplace		Podleville
					Where Residing if not at place of death		Podleville
	Married, Single or Widowed		Married		Name of Wife or Husband		Aune Shorty
	Father's Name		Chas M McPherson		Father's Birthplace		Podleville
PHYSICIAN OR CORONER	Mother's Maiden Name		Josephine Duffin		Mother's Birthplace		Podleville
	Name of person giving information		Dr Gylton D Hourse		How related to deceased		Physician
	CAUSES OF DEATH						
	Primary		Consumption - Lungs				How long 3 years
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. L. Photo Sub - reg	
				Address		Podleville	
Accident or Suicide?						Md	



Name
in
Full

Sarah Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Feb.	10th	Age 90			
Sex	Female		Color or Race	Colored		Birth-place	
Occupation	No occupation			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		
Dr. W. F. Green					None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility, Old Age	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. Farguebow, M.D.	
Address		Q. Luey.	
Accident or Suicide?		Med.	



Name
in
Full

Lewis Milton

CERTIFICATE OF DEATH

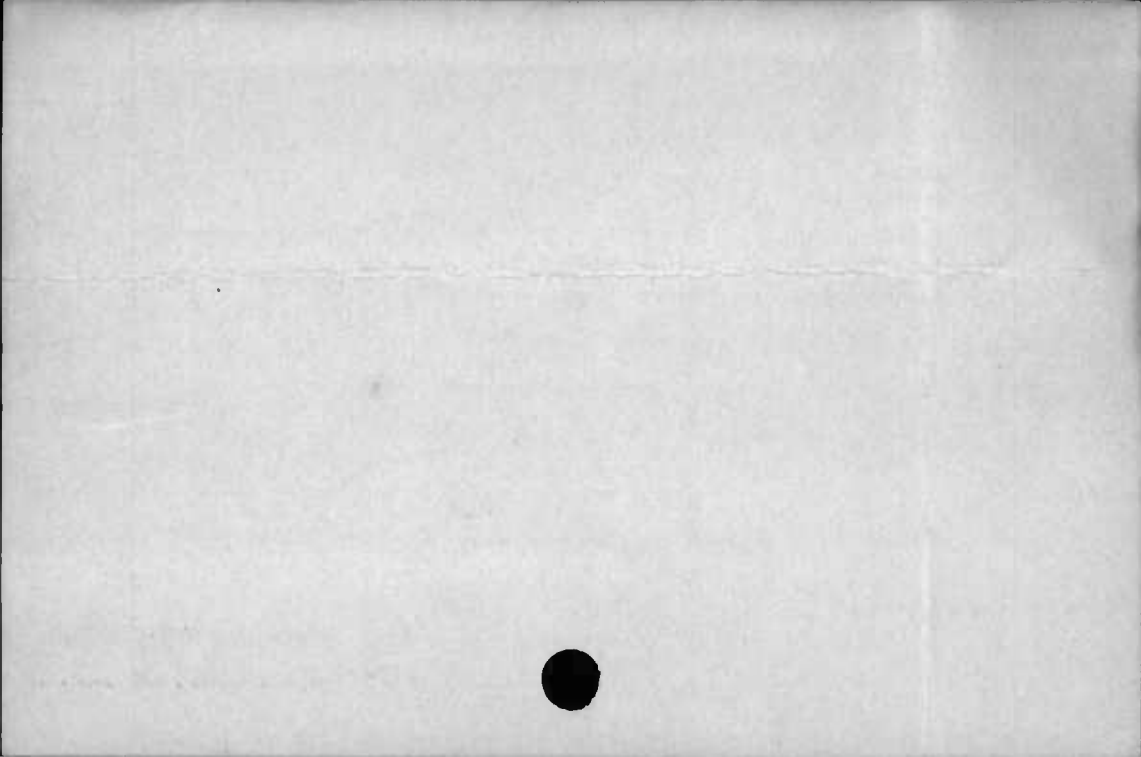
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unity</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Feb.</i>	Day	<i>20</i>	Age	<i>42</i>	Years	Months
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Near Mount Zion, Md.</i>					
Occupation <i>Laborer</i>				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonum</i>	How long	<i>3 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>August Stabler</i>	
		Address <i>Brighton, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Emory Nicholson

MARYLAND

Died at *Boyd's* Town

Runty County

Date of death *1906* Month *Feb.*

Day *11*

Age *47* Years

Months

Days

Sex *Male*

Color or Race *White*

Birthplace *Boyd's*

Occupation *Day laborer.*

Where Residing if not at place of death

Married, *Yes*

Name of Wife or Husband

Lizzie Nicholson.

Father's Name

Baker Nicholson

Father's Birthplace

Frederick Co

Mother's Maiden Name

Nicholson

Mother's Birthplace

" "

Name of person giving information

Physician

(119)

How related to deceased

CAUSES OF DEATH

Primary

Acute nephritis

How long

3 da.

Immediate

Coma

How long

12 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

U. D. Doursell M.D.

Address

Doussenville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clinton Pitterbach

Town

near Bear

County

Montgomery

MARYLAND

Date

of death 1906

Month

2

Day

16

Age

Year

20

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frederick Pitterbach

Father's
Birthplace

D.C.

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
information

Ruben Pumpfroy

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

One year

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

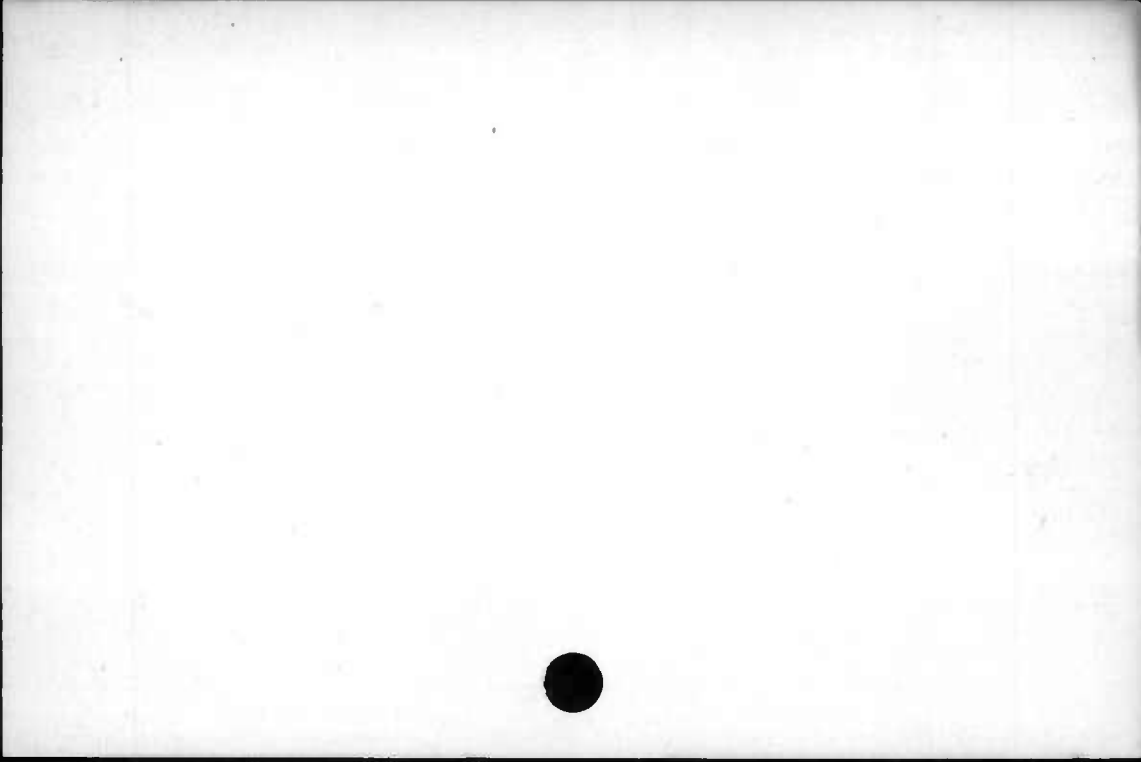
Signature of
Physician

Edward Anderson M.D.

Address

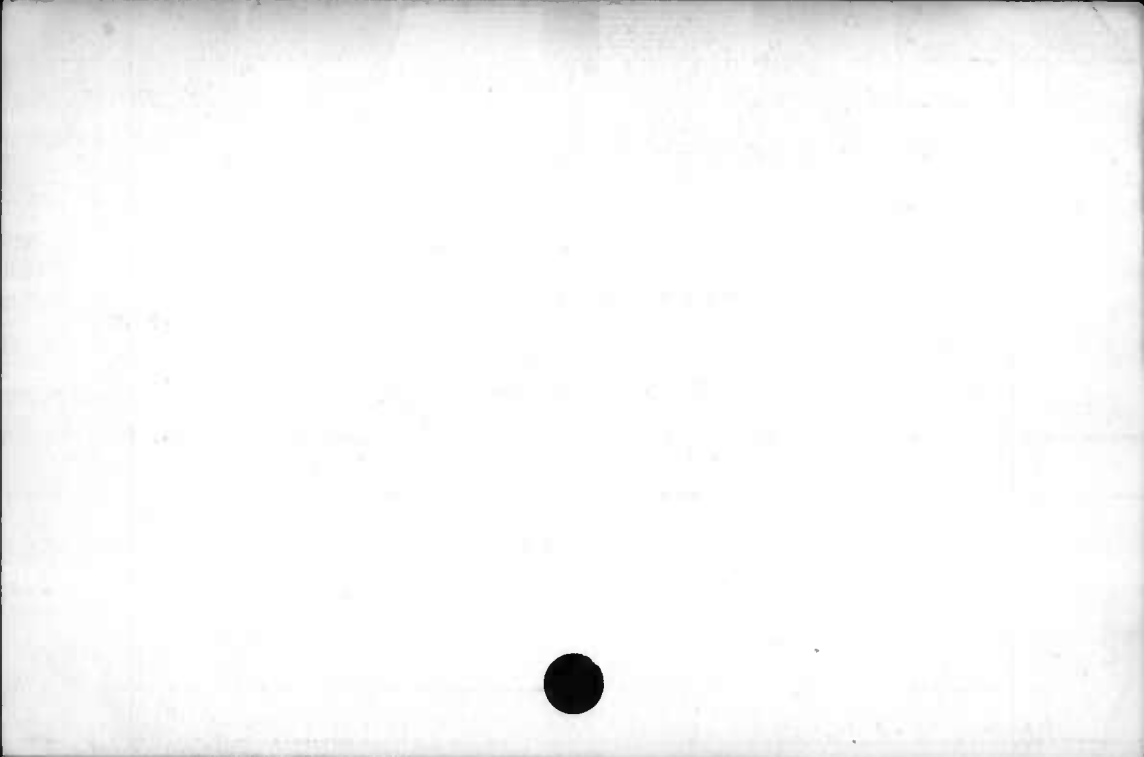
Rockville, Md.

Accident or Suicide?



Name in Full Algemnon Poole		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Town Emmer		County Montgomery		MARYLAND	
	Date of death 1906	Month Feb'y	Day 1	Age 49	Months 11 Days 24	
	Sex male	Color or Race white		Birth-place Md.		
	Occupation Farmer		Where Residing if not at place of death Sellman's			
	Married, Single or Widowed		Name of Wife or Husband Mary Waters			
	Father's Name Wm J. Poole		Father's Birthplace Md.			
	Mother's Maiden Name Eleanor Hays		Mother's Birthplace Md.			
Name of person giving Information				How related to deceased		

CAUSES OF DEATH		
PHYSICIAN OR CORONER	Primary	Apoplexy (64)
	Immediate	Eight hours
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician B. W. Walling M.D.
	Accident or Suicide?	Address Poolesville, Md.



Name
in
Full

CERTIFICATE OF DEATH

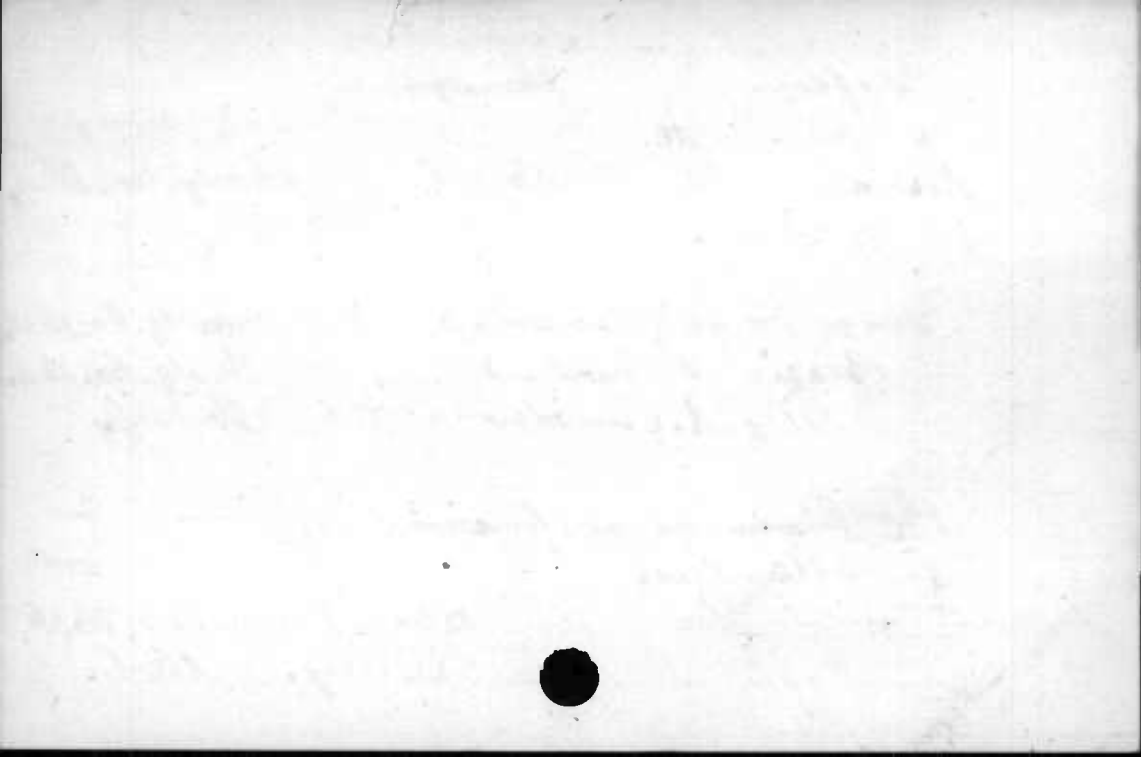
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aspen</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND		
Date of death	<i>1906</i> ^{Year}	<i>Feb</i> ^{Month}	<i>20</i> ^{Day}	Age <i>48</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Male</i>	Color, or Race	<i>White</i>	Birthplace	<i>Ind</i>	
Occupation	<i>Farmer</i>			Where Residing if not at place of death	<i>Same</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Christie Leddingham</i>		
Father's Name	<i>John Rabbitt</i>			Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Rebecca Baum</i>			Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Mrs Rabbitt</i>			How related to deceased	<i>wife</i>	

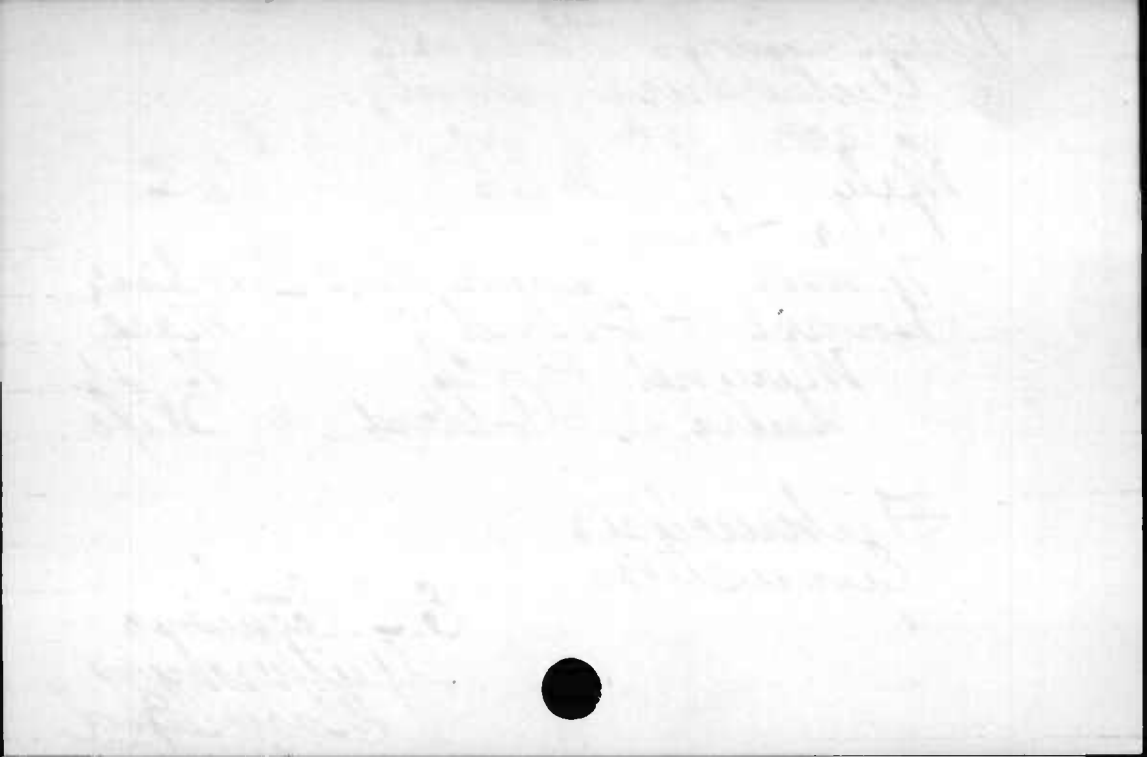
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Dis. Heart</i>	How long	<i>Several yrs</i>
Immediate	<i>Interst. Nephritis</i>	How long	<i>one month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ernest Jones</i>
		Address	<i>Sumner Ind.</i>
Accident or Suicide?	<i>No</i>		



Name in Full		Snowden				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Grafton		County Montgomery		MARYLAND					
	Date of death 1906		Month Feb.		Day 11		Age Years		Months		Days 1	
	Sex Female		Color or Race Colored		Birth- place Montg. Co. Md.							
	Married, Single or Widowed Single				Occupation							
	Name of Wife or Husband											
	Father's Name George James Snowden						Father's Birthplace Montg. Co. Md.					
	Mother's Maiden Name Bessie Snowden						Mother's Birthplace Montg. Co. Md.					
Name of person giving In formation Liley A. Snowden						How related to deceased Midwife						
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary Not known as no physician						How long — —					
	Immediate in attendance						How long — —					
	Are the name, age, sex, color, date and place correctly given above? Yes						Signature of Physician Chas. Farguhar, M.D.					
							Address Olney, Md.					
	Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

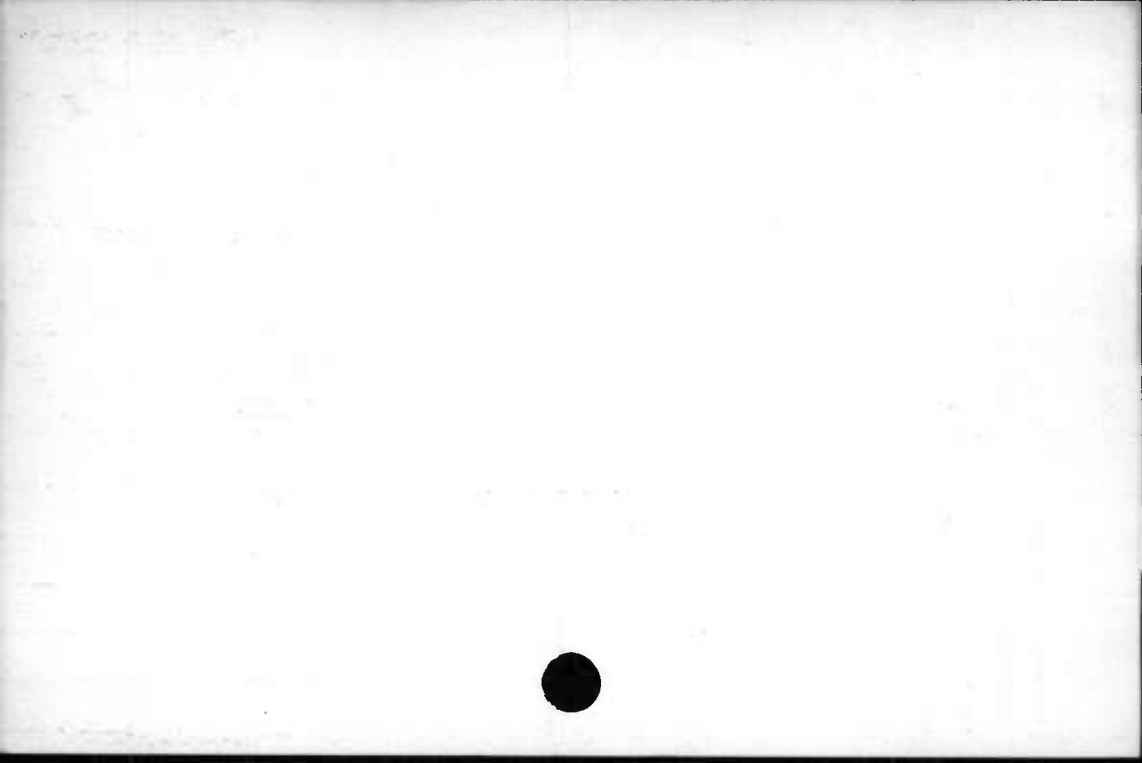
MARYLAND

Died at <i>Spaithsburg</i>		County <i>Montg</i>			
Date of death	<i>1906</i>	Month <i>2nd</i>	Day <i>5th</i>	Age <i>41</i>	Years <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>D.C.</i>			
Occupation <i>Paper Hanger</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sandra Nell Cowling</i>				
Father's Name <i>Howard Stoddard</i>	Father's Birthplace <i>Mass</i>				
Mother's Maiden Name <i>Margaret Booth</i>	Mother's Birthplace <i>N. Y.</i>				
Name of person giving information <i>Sandra L. Stoddard</i>	How related to deceased <i>Wife</i>				

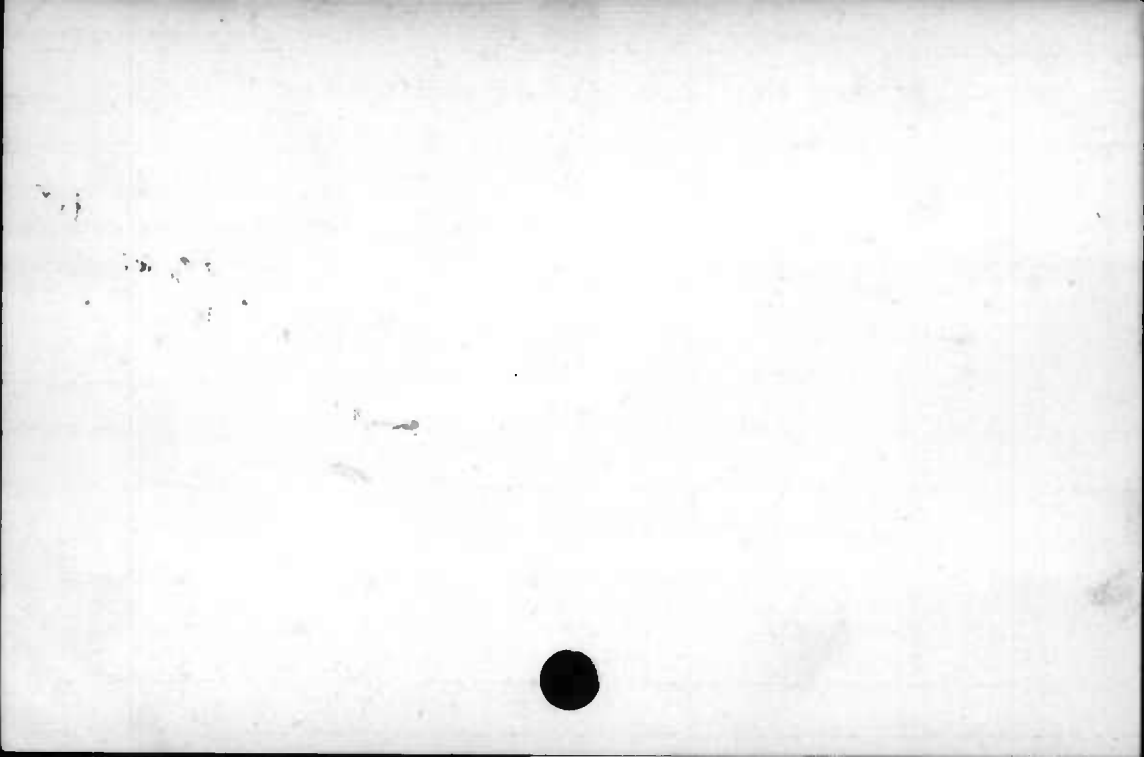
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>9 years</i>
Immediate <i>Exhaustion</i>	How long <i>9 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. C. Echis</i>
	Address <i>Spaithsburg Maryland</i>
Accident or Suicide?	



Name in Full		Olivia A. Struckert				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Kensington		County Montgomery		MARYLAND
	Date of death	1906	Month Feb.	Day 10 th	Age Years 28	Months 0	Days 0
	Sex	Female		Color or Race	White		Birthplace
	Occupation		none		Where Residing if not at place of death		New Castle Co., Del.
	Married, Single or Widowed	Widowed		Name of Wife or Husband		William M. Struckert	
	Father's Name	John Cazier		Father's Birthplace		New Castle Co., Del.	
	Mother's Maiden Name	Elizabeth Powell		Mother's Birthplace		Delaware	
Name of person giving information		Henry Rumer		How related to deceased		Son in law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	La Grippe				How long	5 days
	Immediate	Pneumonia				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. L. Lewis
					Address		Kensington
Accident or Suicide?		✓					



Name
in
Full

CERTIFICATE OF DEATH

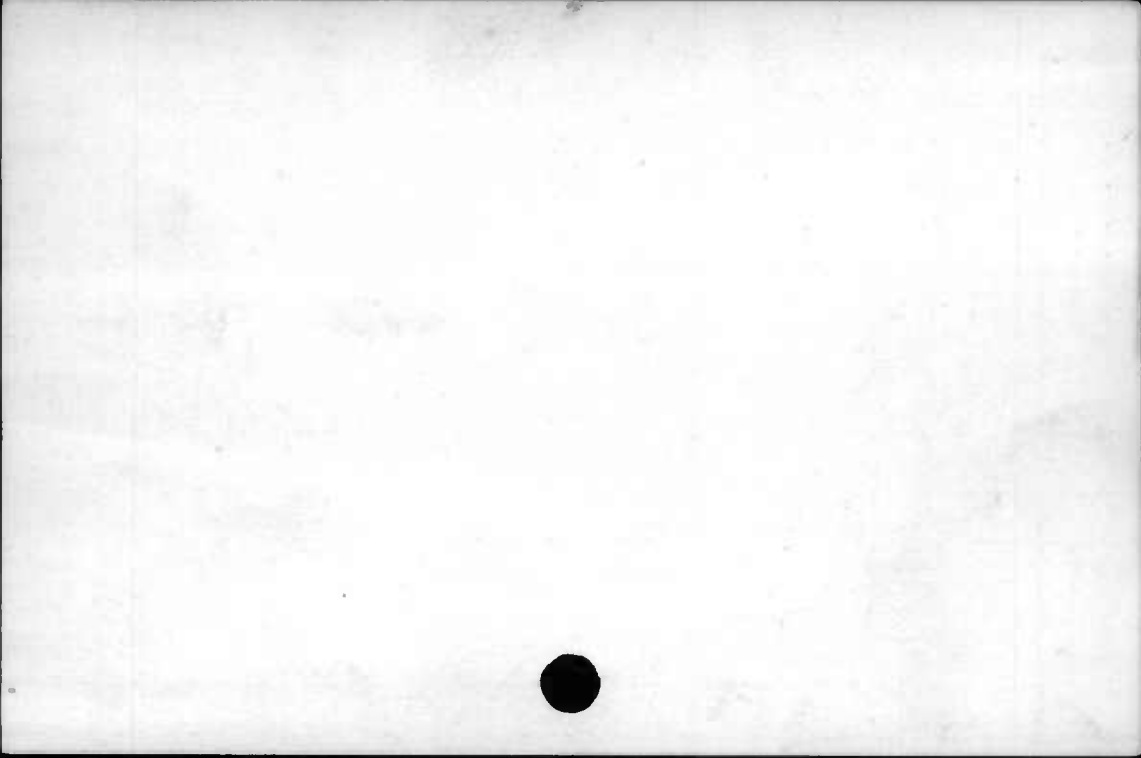
TO BE ANSWERED BY
NEAREST FRIEND

Name *Faunoy* County *Montgomery* MARYLAND
Died at *Thiessen* Town
Date of death *1906 Feb 19* Age *2* Years Months Days
Sex *Male* Color or Race *Black* Birth-place *MD*
Occupation *None* Where Residing if not at place of death *Same*
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *Jas Faunoy* Father's Birthplace *NC*
Mother's Maiden Name *Isabelle Walker* Mother's Birthplace *NC*
Name of person giving information *Jas Faunoy* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hemorrhage Muc* How long
Immediate *Hemorrhage Muc* How long *Two hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician
Address *Camp Springs Kensington Md*
Accident or Suicide? *No*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Augustus Thompson

CERTIFICATE OF DEATH

Died at ^{Town} Martinsburg ^{County} Montgommery MARYLAND

Date of death 1904 February 18 Age 17 Months Days

Sex Male Color or Race Negro Birth-place Martinsburg

Occupation Laborer Where Residing if not at place of death Martinsburg

~~Married~~, Single or Widowed Name of Wife or Husband

Father's Name George Thompson Father's Birthplace Martinsburg

Mother's Maiden Name Anne Mother's Birthplace Baltimore

Name of person giving information John H. Dorsey How related to deceased nephew

CAUSES OF DEATH

Primary Consumption lungs How long

Immediate How long One year

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. H. Gott sub-reg

Address Polesville Md

Accident or Suicide?



Sarah J. Tittow
 Town County
 Died at *Damascus Mount* MARYLAND
 Date 19 *06* Month *2* Day *11* Y. M. D. Age *63* - - Native of *Md.* Occupation *Housewife*
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *7*

Husband of *Samuel S. Tittow*
 Wife of *Samuel S. Tittow*
 Father's Name *Tittow* Mother's *Tittow*
 Name *Tittow* Maiden Name *Tittow*
 Cause of Death { Primary *Pneumonia* Immediate *Exhaustion* } How long sick *5 days*
 (93) Accident, Suicide, Homicide

Reported by *C. S. Lunsdale M.D.*
 Address *Damascus Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rose Miller Walter

CERTIFICATE OF DEATH

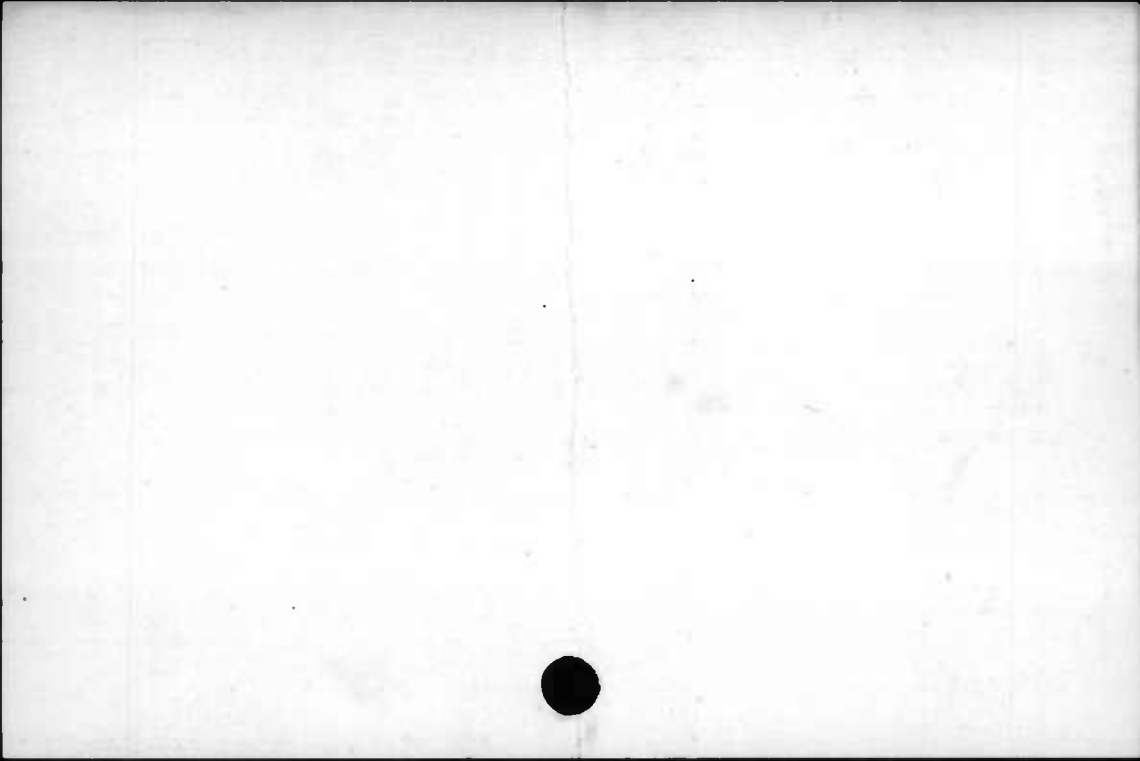
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Spring</i> ^{Town}			<i>Montg</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Feb.</i>	Day <i>22</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Female</i>			Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i>0</i>				Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband			
Father's Name <i>Edward Walter</i>			Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Rose Miller</i>			Mother's Birthplace <i>"</i>			
Name of person giving information <i>Edward Walter</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Syncope</i>	How long	<i>179</i>
Immediate	<i>Syncope</i>	How long	<i>A few hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Brown</i>	
<i>Yes</i>		Address <i>Silver Spring</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harriet Warren

Died at *Martinsburg* ^{Town} *Montgomery* ^{County}

MARYLAND

Date of death *1906* ^{Month} *February* ^{Day} *20* ^{Years} *68* ^{Months} *1* ^{Days} *1*

Sex *Female* Color or Race *Black* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *Martinsburg Md*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Nathan Raylor* Father's Birthplace *Md*

Mother's Maiden Name *Ann Jones* Mother's Birthplace *Md*

Name of person giving information *Peter H Davis* How related to deceased *Under-taker*

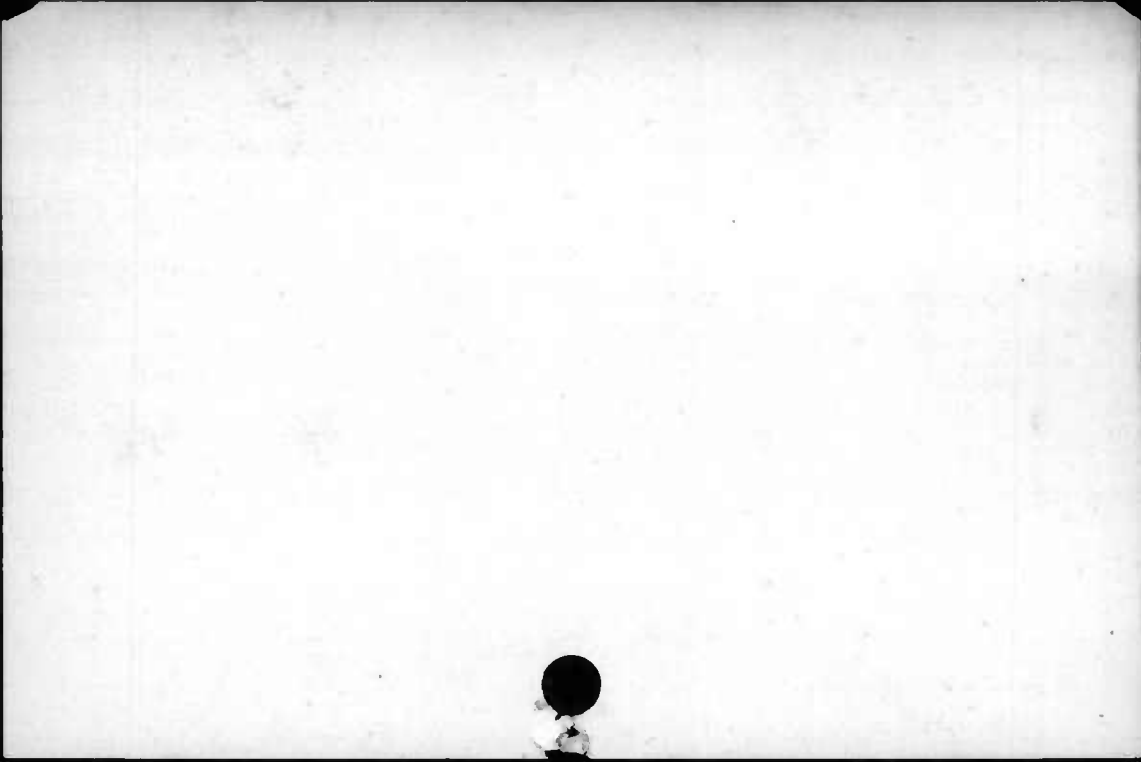
CAUSES OF DEATH

PHYSICIAN
OR CORONER

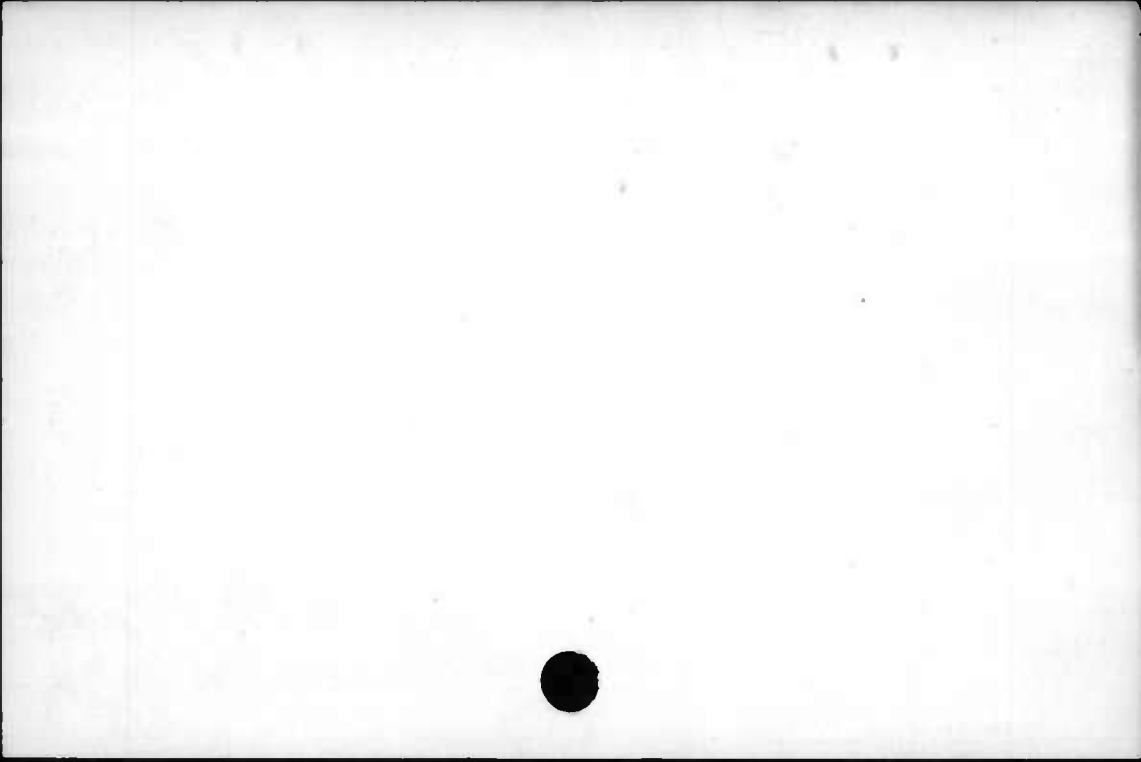
Primary *Paralysis* *(U)* How long *6 months*

Immediate *—* Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R D Hot sub-reg* Address *Podisville Md*

Accident or Suicide? *—*



Name in Full		Burdell S. West				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Brown Sta.		Montg		MARYLAND			
	Date of death	1906	2	20	Age	70	Months	Days	
	Sex	Male		Color or Race	White		Birth-place	Ind.	
	Occupation	Laborer			Where Residing if not at place of death		Brown's Station		
	Married, Single or Widowed	Single		Name of Wife or Husband		—			
	Father's Name	Arthur P. West					Father's Birthplace	Ind.	
	Mother's Maiden Name	Mary Cyden					Mother's Birthplace	" "	
	Name of person giving information	Thos. Brown					How related to deceased	Nephew	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Gastritis				(104)	How long	one week	
	Immediate	Gastritis					How long	48 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. B. Elphinstone		
					Address		Fairfaxburg, Md.		
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

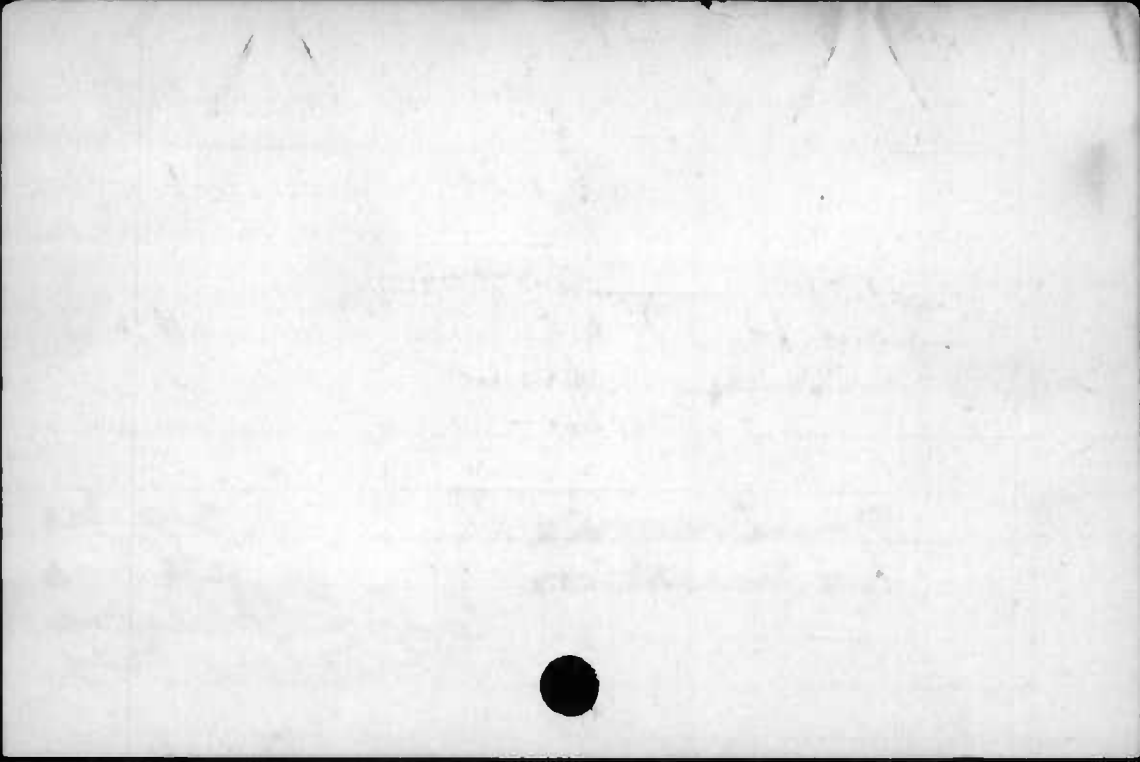
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown Sta</i>		Town <i>Brown Sta</i>		County <i>Montg</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>20</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Arthur P. West</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary Owen</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Thos Brown</i>			How related to deceased <i>Howe</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. C. Ellis</i>
	Address <i>Fairview</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gaithersburg</i>		Town <i>Gaithersburg</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>2</i>	Day <i>13</i>	Age <i>82</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Ind</i>				
Occupation <i>House Wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James Wilson</i>						
Father's Name <i>William House</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace						
Name of person giving information <i>Queen Trepier</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. C. Elphinstone</i>
	Address <i>Gaithersburg</i>
Accident or Suicide?	

